

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0011967

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2216

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

| | | | |
|--|---|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY FILED MAR 16 1967 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips | | d. STREET ADDRESS (If outside, give location) 4662a Kennerly | |
| 3. NAME OF DECEASED (Type or print) First Charity Middle Goodwin Last Goodwin | | 4. DATE OF DEATH Month 3 Day 1 Year 67 | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-11-1881 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) Louisville, Ark. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Robert Marzette | | 13b. MOTHER'S MAIDEN NAME Nannie Brown | |
| 14. NAME OF HUSBAND OR WIFE Henry Goodwin | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. unknown | | 17. INFORMANT Address Ella D. Cooper 4662a Kennerly | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) 332x | | INTERVAL BETWEEN ONSET AND DEATH Undet. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 1 a.m. 1 p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 2-21-67 to 3-1-67 and last saw her xx alive on 3-1-67 Death occurred at 1:20 p. m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE Robert Marzette (Degree or title) M.D. | |
| 22b. ADDRESS 2601 N. Whittier St. | | 22c. DATE SIGNED 3-1-67 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3-6-67 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park | |
| 23d. LOCATION (City, town, or county) St. Louis, Mo. | | 23e. DATE RECEIVED BY REG. MAR 4 1967 | |
| 24. FUNERAL DIRECTOR William Smith 1125 Hodiamont | | 26. REGISTRAR'S SIGNATURE Paul Smith M.D. | |

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert Etienne
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.